



Willow Center, Inc.  
 Camp Erin of the Lewis Clark Valley  
 P.O Box 1361 Lewiston, ID 83501

(509) 780-1156 or [campdirector@willow-center.org](mailto:campdirector@willow-center.org)  
 (208) 791-7192 or [ed@willow-center.org](mailto:ed@willow-center.org)

**2018 RETURNING VOLUNTEER APPLICATION FORM**

**Due: April 15, 2018**

**Camp Erin July 13-15, 2018**

**Please send to address or email listed above.**

**Please update your contact information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City /State/ Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email Address: \_\_\_\_\_

What area would you be interested in volunteering for this year? *(Please check all that apply.)*  
 Training is mandatory for all positions and will be provided. See online information sheet for position descriptions.

Cabin Big Buddy	Archery
Recreation Team	Certified Lifeguard
Arts and Crafts Team	Music/Music Therapy/Singing
Clinical Team	Skits/Storytelling/Entertainment
Kitchen Team	Other _____
Nurses Team	

First Choice \_\_\_\_\_ Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

**Cabin Big Buddies Only:**

Camper Age Preference: \_\_\_\_\_ Co- Big Buddy Request: \_\_\_\_\_

**\*You have to be physically capable to do all camp activities which include hiking, swimming, canoeing, recreation, etc.**

Are you under investigation for or have you been convicted of a felony or misdemeanor since the last Camp Erin? Yes No If yes, please explain.

An updated criminal background check will be conducted on returning staff and volunteers if deemed to be necessary under the standard practices of the Willow Center, Inc.

As part of the Returning Volunteer update process, please be sure to include a copy of your current driver's license or other government-issued picture identification with this form.

**THIS SECTION IS OPTIONAL AND USED ONLY IN MAKING AN ASSIGNMENT**

Do you have any physical restrictions that might affect your volunteer placement with Camp Erin?  
(Example: bad back, hearing or visual problems) If so please specify.

Please update your emergency contact information. Who should we notify in case of an emergency?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Ethnicity (OPTIONAL): Please check applicable box or boxes.

Hispanic or Latino

African American or Black

White, non-Hispanic or Latino

Native American or Alaska Native

Native Hawaiian or Other Pacific Islander

Asian Other \_\_\_\_\_

**T-Shirt Size (S-4XL):**

Do you have any food, insect or other allergies we should know about? **If so, please explain.**

Our Camp Erin is part of a national initiative to serve as a resource to military families. Are you affiliated with the military (active, reserve, National Guard, veteran)? Yes No

If yes, what branch? \_\_\_\_\_

**I certify that the information supplied is true and complete to the best of my knowledge.**

Signature of applicant

Date

